

b.—PATHOLOGY OF THE NERVOUS SYSTEM AND MIND, AND PATHOLOGICAL ANATOMY.

DEFECTIVE CORPUS CALLOSUM.—Dr. D. N. Knox, *Glasgow Med. Journal*, April, 1875, describes the case of an idiot woman, aged forty, in whom the corpus callosum was found wanting or represented only by a very slight ridge, scarcely perceptible anteriorly, but posteriorly about a tenth of an inch in depth. About half way from its beginning, above the lamina cinerea, it separated from the fornix and terminated at last in the lower part of the hippocampal convolution. The fornix was completely divided in the middle line. The septum lucidum was also defective, about one-half of it being present and represented by a lamina of white matter of considerable thickness, extending between the anterior part of the fornix and the corpus callosum ridge described above. The fifth ventricle was thus opened up into the general ventricular cavity. The anterior and posterior commissures of the third ventricle were present and well marked. The soft commissure could not be detected at the time of the examination.

The external convolutions of the hemispheres were numerous but rather small, and defective in various respects.

During life the patient exhibited a low type of idiocy, was unable to articulate, though able to walk she seldom did so, and she never recognized her attendants. Her head was of the usual size, but misshapen, the occiput being very flat and the forehead low.

Dr. Knox gives in his paper a review and analysis of the reported cases, some fourteen in number, of absent or defective corpus callosum, and ends with the following paragraph :

"The conclusions to which I have come, from a careful study of all the cases, are these : First, in those cases in which the commissure system is wholly wanting or very rudimentary, idiocy or imbecility prevails ; and second, in those in which the corpus callosum is only partially defective, while the other commissures are present, intelligence but slightly below the average, together with dullness or levity, melancholy, or perhaps childishness, are the usual mental characteristics."

THE MEDIAN OCCIPITAL FOSSA AND THE VERMIS OF THE CEREBELLUM IN THE INSANE.—Lombrosi and Bergonzoli, *Il Morgagni*, Nov., 1874 (abstracted by Obersteiner in *Psych. Centrall.*), have examined the condition of a median occipital fossa (caused by division of the crista occipitalis), its presence or absence, in the skulls of the insane, also taking note of the condition of the cerebellum. In one hundred and eighty-one examinations they found this symmetrical 68 times, or 37.4 per cent. ; unsymmetrical 16 times, or 8.6 per cent. ; and wanting, 98 times, or 54 per cent. This abnormal cavity was most common in epileptics and monomaniacs (!), in whom also there was frequently hypertrophy of the vermis and of the almonds. Hypertrophy of the vermis was met with most frequently in epileptics and lunatics with erotic excitement.

In persons not insane these conditions were met in incomparably less proportions, and indeed most commonly in criminals. The authors conclude that they must coincide with the view of Otto, that the cerebellum may be a moderator of voluntary action.

INSANITY IN FRANCE.—The following figures are taken from the *Statistique de France*, a work recently published, by the Paris correspondent of the *British Med. Journal*, and appear in the number issued Jan. 23d.

“In 1861, the period from which proper vouchers or authentic information could be obtained, there were 22 lunatics to every 10,000 inhabitants of France; in 1866 there were 23.8, and in 1872, 24.37. Thus, in eleven years, the proportion of lunatics increased about two per 10,000 inhabitants. Indeed, there were times during this period when the whole population of France might have been considered insane, if one may judge by their acts. In 1871, when so many insane acts were committed in France, 49,589 lunatics of both sexes were admitted into the different asylums; of this number, 33,448 were affected with simple insanity; 6,450 with insanity complicated with epilepsy and paralysis; 4,577 with dementia, whether senile or organic; 5,114 with idiocy and cretinism. It will be seen from the above that simple insanity forms the largest proportion—about two-thirds of the total number of admissions; the cures are reckoned in the proportion of 6.4 per cent. These figures speak for themselves; they express not only depopulation but degradation.”

To the above rather sensational statement, we would only add that the figures would be more significant if comparisons were given. It would be strange, indeed, if there was not an increase of insanity in France, considering all that country has passed through in the past few years, but it is more than probable that at least a slight, if not a proportional increase has likewise taken place in the same period in other countries, England and Germany for example. The proportion of cures, however, given in the above statement seems surprisingly small.

NERVOUS SYMPTOMS IN DIABETES.—Prof. Bouchardat, *Bull. Gen. de Therapeutique*, Feb. 28, gives a brief account of the principal disorders of innervation observed during the course of glycosuria. They are as follows:

1. *Partial Anæsthesia*.—This the author states is more frequent than is perhaps generally supposed; he has observed it in the lower limbs, the thorax and the face.

2. *Cramps*, which are among the most frequent nervous symptoms in severe cases. They occur oftener during the night, and are usually confined to the lower limbs. They disappear generally with improved regimen and exercise.

3. *Insomnia*, caused chiefly by the frequent necessity for micturition, and in great measure relieved when that necessity is removed. Exercise should be insisted on in the treatment of this condition, and an interval of some hours should intervene between supper and bedtime.

4. *Neuralgic pains* in the region of the kidneys are complained of by many patients; sometimes they are felt in the dorsal region, more rarely in